

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Othican USB Only							
READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT						
1 File Number U 6.579	2 Fiscal Year Covered From						
	1/1/05 Through 12/31/05						
3 Name and address of person filing	4 Name file number and address of labor organization.						
Name Lester W Kauffman III	Name BAC Local # 5 Pa						
	Labor Organization File Number 537-253						
P O Box, Bldg., Room No., if any	P O Box, Building and Room Number if any						
Street 128 Cranbrook Dr	Street 2163 Berryh. II St.						
city Dover	city Harrisburg						
State Pennsylvania ZIP Code +4 17315	State Hennsylvania ZIP Code +4 17104						
5. Position in labor organization President							
Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6 Name and address of Employer (including trade name If any)	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name if any							
PO Box, Bldg., Room No., if any							
Street	7.b Amount.						
City							
State ZIP Code +4							
Signature							
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete (See the se	ving documents), has been examined by the signatory and is, to the best of the						
Signed Lister W Kauffman III	On 3-27-06 (1/7) 308-16/8 Date Telephone Number						
·							

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise
8. Name and address of Business (including trade name, if any). Name International Masonry Institute Trade Name, if any PO Box, Bidg Room No if any Street 42 East Street City Annapolis State Maryland ZIP Code +4 21401	9 Business deals with a. Labor Organization b. Trust c. Employer
10. If 9 b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P O. Box, Bidg., Room No. if any Street City ZiP Code + 4	Contribution to employee Benefit Trust Fund 11 b. Approximate dollar value of such dealing 12a. Nature of interest held or income received. Education re imburse ment
	12.b. Amount. 1649. 35
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any). Name Trade Name if any P O Box, Bidg., Room No if any Street City ZIP Code + 4	or other thing of value 14 a. Nature of payment.

Lester Kauffman III

President

BAC Local 05PA

LM-30 REPORT 2005

VENDOR NAME	DATE	AMOUNT	PURPOSE	DIRECT/ INDIRECT		DESCRIPTON	LOCATION
Sheraton Bal Harbour	12/02/05	432 90	2005 IMI Annual Meeting	łMI	Lodging		Bal Harbour FL
Sheraton Bal Harbour	12/02/05	216 45 649 35	2005 IMI JATC IMI TOTAL	IMI	Lodging		Bal Harbour FL

